## Indiana State Police Methamphetamine Laboratory Occurrence Report

This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date:	<u>11/14/07</u>	Address:	S.R. 19 & Indiana Ave.
Case #;	<u>24F28770</u>		Elkhart, IN
County:	ELKHART		
Type of Laboratory Seizure (check one)		Seizure Location (check all that apply)	
	onal Lab al/Glassware/Equipment (only) ite (only)	Residence Outbuilding Vehicle	Hotel/Motel Open - No Structure Other:
(check all the Lithium Red Photos Flamma Water Flamma Hydroc Corrosi Corrosi	nd: Location (bedroom, kitchen, open at hat apply)  I/Ammonia Reaction(s): passenger set osphorous/Iodine Reaction(s):  able Solvents: vehicle Reactive Metal (Lithium):  rous Ammonia: vehicle  hloric Acid Gas Generator(s):  ve Acid: vehicle  ve Base: vehicle  tem and location):	eat	
Yes No *If yes, fax ro	er age 18 discovered (check one) (number present)  port to Child Protective Services t is to be faxed to the following ager	☐ Ephedrin ☐ Retail/M ☐ Other:	<del></del>
Fire Depart	ment: Concord Fire	Fax: <u>574-8</u>	
Health Department: Elkhart Co.		Fax: <u>574) 8</u> Fax:	
Child Prote	etion Service: N/A		•
For further information regarding this methamphetamine laboratory, contact Investigating Officer: Jason Paulstich Phone 1-800-552-2959			

\*\* This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department listed within 24 hours of scene processing.

\*\*\* This form is to be included with the case file, and a copy sent to the Claudestine Laboratory Team Leader for retention.